ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 760 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Page b. COUNTY director. Page or your files. MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your નુ write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give start eddress) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO W NAME OF Middle 4. DATE Month Year DECEASED the (9) (Typa or print) VV DEATH after 19 with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IN UNDER 1 YEAR IF UNDER 24 HRS. and 2 wi last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY thin 24 hours after Give Pages 1, 2, orm PM3. Page 12. CITIZEN WHAT COUNTRY? during most of working life, even if retired) File pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1417. INFOR Address in Item 18. (Yes, no, on unkown) | (Ifyesgive werer detes of service) permit, with 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN along fransit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alor IMMEDIATE CAUSE (e) DUE TO burial should Conditions, if eny, which "pending" Examiner's (geve risa to immediata ceuse DUE TO (a), stelling the underlying cause last. ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 P cremat NO X WO P 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing Chief 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Steta) age fectory, street, office bldg., atc.) 0 While Not While Hour a.m. to the at work at work prior the certificate, forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection D Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE execute designat DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Addrass (Street, city, town, or county) BURIAL, CREMATION. 22d. LOCATION (City, town, or country) CEMETERY OR CREMATORY (Stela) REMOVAL (Specify) **540** 0 UNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Krand 5M 7/59 DATE

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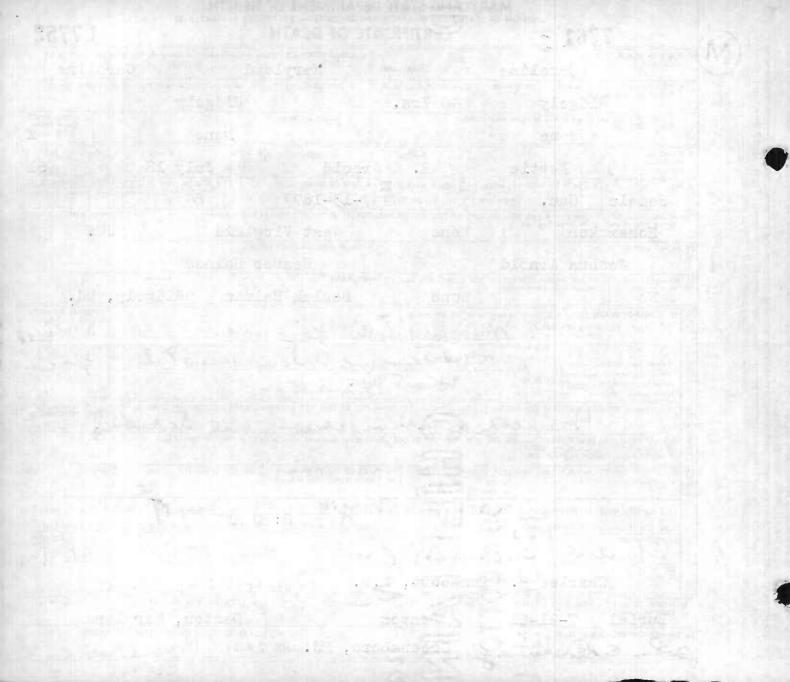
VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

7761

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1 1																
	1. PLACE OF DEATH o. COUNTY	Caroli	ne	MARYLA	- 11	. USUAL RESIDENCE (Who. STATE Maryla	ere deceased	lived. If institution b. COUNTY	-	_		ion) 🚣				
	b. CITY OR TOWN (I RURAL and give n	f outside corporate limit earest tawn) Ridgely	ts, write	c. LENGTH OF STAY IN 40 Yrs.	16	c. CITY OR TOWN (If o	utside corpo	rote limits, write R dgely	URAL ond g	e. IS RESIDEE ON A FA YES N Day Year 19 ER 1 YEAR IF UNDER 2 Days Hours ITIZEN OF WHAT COU						
		None	ive street	address)		d. STREET ADDRESS		one			ON A	FARM?				
	3. NAME OF DECEASED (Type or print)	Netti		Middle R.	Ar	nold	4. DATE OF DEATH	July 1		Da	/	rear 1961				
	5. SEX Female	6. COLOR OR RACE Cau.	7. MAR	RIED NEVER MARRIED		-13-1877		9. AGE (In years last birthday)	-		1	R 24 HRS Min.				
/	Homem:	king life, even if retired)	done 10b.	None	INDUSTR	West Vir	gini					OUNTRY				
	13. FATHER'S NAME	shua Ar n o	12			14. MOTHER'S MAIDEN N Heste		ai mag								
	Is. WAS DECEASED EVE			SOCIAL SECURITY NO.	17 INFO	RMANT	r na	TITES	ress							
	(Yes, no, or unknown)	(If yes, give wor or dates of se	ervice)	None		Beulah Ha	aines									
20	PART I. DEA 443 Canditians, if a gave rise to i couse (o), stoting lying couse last.	MAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mediote the under: OUE TO (b) DUE TO (c)	M	Typer Contributing to DEATH	S LI	tare avenue of related to the terminal	LO 30	lend (ÉN IN PARI	ONS	9. WAS	DEATH				
)	O (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter noture of injury in I	Part I ar Port	e aled	ret	W.		RMED?				
	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yea	While	Not while_		OF INJURY (Home, farm y, street, office bldg., etc		or fown)	te	County)		(Stote				
	21. I certify that (I) (this haspital) attended the deceased from 1000 1200 1200, that (I) (we) saw the deceased alive on 1900, and that death occurred an 2000, from the causes and an the date stated above 2200 SIGNATURE ATTENDING										abave b. DATE SIGNED					
	REMOVAL (Specify) Burial	23o. NAME OF CEMI REMOVAL (Specify) Burial 7–21–61							aryl	and	(Stat	9				
		4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					D BY REGIST		STRAR'S SIC	_						
	Donn E	Orn E Balling Greensboro, Md partil 24'61 Outland & House														



MADVIAND STATE DEPARTMENT OF HEALTH

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Children & House

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DIVISION C	F STATISTICAL	RESEARCH	AND RECO	RDS - B	ALTIMORE	1, MARYLAN
769	CE	RTIFICA	ATE OF	DEA	TH	

	8 3 13 6				0.0.0.0			
	PLACE OF DEATH O. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	lere deceased lived. If institution: Residence b b. COUNTY Carol:				
	b. CITY OR TOWN (If outside corporate limits, w RURAL ond give nearest town) Preston — Rural	rite c. LENGTH OF STAY IN 1b		outside corporate limits, write RURAL and give ton - Rural	nearest town)			
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION OVER Bridge	street address)	a street address	Dover Bridge	e. IS RESIDENCE ON A FARM? YES X NO			
721	NAME OF DECEASED (Type or print) First	Middle Mae	Last Cole	4. DATE OF July 12	Day Yeor 1961			
_		MARKIED TO THE TER MARKIED	September 5,	1889 9. AGE (In yeors left UNDER 1 YE Months Doy	EAR IF UNDER 24 HRS. ys Hours Min.			
100	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWOPK 	10b. KIND OF BUSINESS OR INDUS		or foreign country) 12. CITIZEN Co., Maryland U.S	• A •			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N					
	August Kemp		Mollie Wil					
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)	1	vid H. Cole,	Preston, Maryland, R	.F.D.			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause last. DUE TO (c) Massive cerebral Hemorrhage brain Few Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause last. (c)							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED? YES NO			
	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 1B.)				
MEDICAL	Hour a.m.		ACE OF INJURY (Home, farm tory, street, office bldg., etc.		nty) (Stote)			
	21. I certify that (I) (this haspital) a saw the deceased alive an July		, ,,,	49 ta July 12 , 19 61 , PM, from the causes and an the d				
	220. SIGNATURE Paul V	motts	M.D. PHYS.	ED. STAFF PHYS. July 1	27b. DATE 5,1961 SIGNED			
	22c. PHYSICIAN'S NAME (Type) E. Paul Kn	otts M.D.	22d. ADDRESS De	nton, Md				
	BURIAL CREMATION, 23b. DATE THEREOF July 15, 1		Cemetery	Preston, Maryland	(Stote)			
24.	J.J. Framptom and Son, 1	Federalsburg, Mary	rland 25a. REC	D BY REGISTRAR 256. REGISTRAR'S SIGNAL 1 9 '61				

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Caroline		MARYLAN		o. STATE Maryla		d lived. If institution b. COUNTY	Caro		lmission)
RURAL and give ne	f outside corporate limitarest town) (Preston,		c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF o		rate limits, write RI Land RFD	JRAL ond gi	ve nearest	town)
d. NAME OF HOSPIT. OR INSTITUTION	At (If not in hospitol, gaton, Maryl	give street			d. STREET ADDRESS Choptani	٥			0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir Webst		Middle	(Lost Corkran	4. DATE OF DEATH	Moni July		Doy 23	Yeor 19 61
5. SEX			RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF L	JNDER 24 HRS.
Male	White	WIDOWI			y 16. 1885		lost birthdoy) 76 yrs.	Months [Doys Ho	ours Min.
10o. USUAL OCCUPATIO	king life, even if retired)	kind of Business or I	NDUSTRY			ountry)	12.CITIZ	U.S.	A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Reube	n Corkran				Unknov	m.				
S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of	service)	SOCIAL SECURITY NO. 15-01-8347	17. INFO	rmant ver Corkran	631N	Belnord		Balto	. Md.
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under		Oronary oc Carcinom Cancer of	the	osis- e stomachi		se condition Giv	'EN IN PART	2 m Ext	nonths Conths Vas autopsy ssin no no
PART II. OTH	MEDICAL EXAMINER)	or 20d. II While	CRIBE HOW INJURY OCCURRED Not while b of work	e. PLACE	OF INJURY (Home, farr, street, office bldg., etc.	m, 20f. (Cit		(Co	ounty)	(Stote)
21. I certify that (I) (this haspital) attended the deceased from May 16 161, to July 23 161, that (I) (saw the deceased alive an July 23 1961, and that death accurred allAM, from the causes and an the date stated										
230. BURIAL, CREMATIC REMOVAL (Specify) Burial	N, 23b. DATE THERE	OF	23c. NAME OF CEMETE Junior Orde	RY OR C	REMATORY	23d. LOCA	eston, Ma	or county)	1	(Stote)
24. FUNERAL DIRECTOR J. J. Fram	'S SIGNATURE		Federalsbur	q,M		D BY REGIS	04	STRAR'S SIG		

TO HOS I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer deoth. Page 4 may bis sociated by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled and by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremotian, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

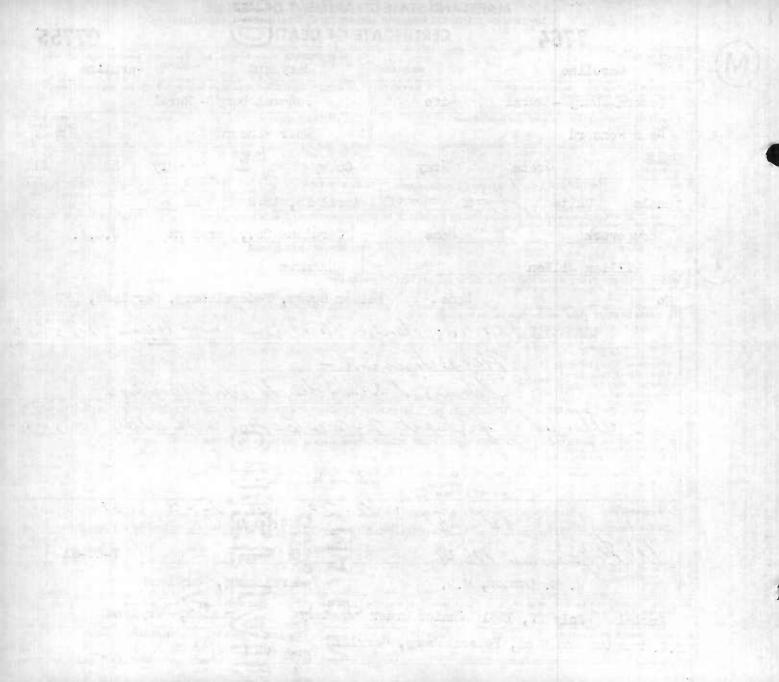
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

7764		CERTIF	ICATE	OF DEAT	0	07755					
1. PLACE OF DEATH o. COUNTY Caroline		MARYI		o. STATE Mary		d lived. If instituti b. COUNTY		nce befo		ion)	
b. CITY OR TOWN (If outside corporate RURAL and give negrest town) Federal Sours Ru	imits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Federalsburg - Rural)	
d. NAME OF HOSPITAL (If not in hospito orthospitoner oncord	l, give street	oddress)		d. STREET ADDRESS Near Concord						e. IS RESIDENCE ON A FARM? YES 1 NO	
3. NAME OF DECEASED (Type or print) Gra	First 1C6	Gray Middle		Covey	4. DATE OF DEATH	July	rth V	25		7eor 1961	
5. SEX 6. COLOR OR RAC White	7. MAR	RIED NEVER MARRIE		ATE OF BIRTH	1879	9. AGE (In years lost birthday) 82 yrs.	Months Months	R 1 YEAR Doys	Hours	R 24 HRS Min.	
100USUAL OCCUPATION (Give kind of wo during most of working life, even if reti Housework	rk done 10b. red)	KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (She				U.S.	A.	OUNTRY	
13. FATHER'S NAME			1	4. MOTHER'S MAIDE	N NAME			13.5	1		
William Dillor				Unknown					113	10.0	
1S. WAS DECEASED EVER IN U. S. ARMED F (Yes. no. or unknown) [(If yes. give war or dates		SOCIAL SECURITY NO.	. 17. INFO			Add					
No		None	Nels	on Covey,	Federa	lsburg, 1	Maryl	and,	RFD		
1B. CAUSE OF DEATH [Enter only one		ne for (o), (b), ond (c).	1	71 /	0	- 1		INT	ERVAL BE	DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under: lying couse lost. (c) Los Carrier Disease Williams DUE TO DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under: lying couse lost.											
Port II. OTHER SIGNIFICANT CO	1	habent	2-	23.6	0 101	A the	VEN JKI PA	RT 1(0)	PERFO	AUTOPSY RMED?	
	TH R) 206. ØES	SCRIBE HOW INJURY OF	CCURRED. (I	inter noture of injury	in Port I or Por	t II of item 1B.)					
Oc. TIME OF INJURY Month, Doy, Hour o. m. p. m.	Year 20d. While ot wo			OF INJURY (Home, f , street, office bldg.,		y or town)		(County)		(Stote	
21. I certify that (I) (this haspi saw the deceased alive an 220. SIGNATURE	tal) attender	ded the deceased			1960, ta_ :30, AMm	7-25 the causes ar					
22c. PHYSICIÁN'S NAME (Type) W. E. Lennon, M.D. ATTENDING MED. MED. STAFF PHYS. 22d. ADDRESS Federalsburg, Mar.								7-26		SIGNED	
230. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) Burial July 27	REOF	23c. NAME OF CEME		REMATORY	23d. LOCA	TION (City, town, eston,	or county)	nd	(Stot	e)	
24. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and S			Mary	land 250. R	AUG 1	61	STRAR'S S				

VR A1S (4) 1SM 9/59



1						TATE DEPART					18		
8 8	1	9		7765 ME	DICA	L EXAMINE	R'S	CERTIFIC	CATE OF	DEATH	Reg. Dist	. No. 07	756
should	VI	1. P	COUNTY	aroline		MARYL	AND		CE (Where dece	b. COUNT	Y Caro		nissian)
Page 4 burial,		b	CITY OR TOWN II	t outside corporate limits, write Henderso		c. LENGTH OF STAY II			WN (If outside co	rporate limits, write	RURAL and g	ive nearest t	awn)
s. rriar to t	V	d	NAME OF HOSPIT	TAL OR INSTITUTION (III None				d. STREET ADDI	RESS	ne		o, IS RESIDENCE ON A FARM? YES NO	
r your	\wedge	0	IAME OF PECEASED Type or print)	Heler		Middle	Ho:	rney	4. DATE OF DEATH	July	7	Day	Year 1961
the the		5. SI	Female	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED DIVORCED		DATE OF BIRTH 2-8-1885	5	9. AGE (In years lost bisthday) yrs.	Months Do	YEAR IF UN	DER 24 HRS.
, and 3 ta be retained and 2 with		10a.	USUAL OCCUPATION MOST of working Housev	ON (Give kind of work of no life, even if retired)		ind of Business or II None	NDUST	N.J.		country)	1	S.A.	T COUNTRY?
ages 1, 2, 3e 5 may 1 pages 1 a	(I)	13.	FATHER'S NAME	No Reco	ord			14. MOTHER'S MAI	DEN NAME	No Reco	rd		
* 0 =			NAS DECEASED EVENO, or unknown) NO	VER IN U. S. ARMED FOI (If yes, give war or dates of s		None	17. IN	Kennard	d Horne	Address	Hende:	rson,	Md.
em 18. G form PM3. it permit.				ATH [Enter anly one cau ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	se per line f	for (a), (b), and (c).]	щ	ance	usion	u		ONSET AND D	Cleve
in It with trans			Canditians, if	ediate couse	O.	crnery	1/2	Thero	sis			IN	est_
n pencil			(a), stating the cause last.	underlying DUE TO (c).		V							
Office of as		CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS <u>CO</u>	INTRIBUTING TO DEATH	BUTN	IOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART	YES T	OKMEDY
P e e	0	CERTIF	20g. EXTERNAL CAPRIMARY CON OF COLUMN OF DEATH	ONTRIBUTING 🗆	b. DESCRIBE	HOW INJURY OCCUR	RED. (E	nter nature af injury	in Part I or Part	II af item 18.)			
g the ward edical Exam ige 3 shauld		MEDICAL	20c. TIME OF INJU Haur a. m. p. m.		r 20d. I While at wa	Nat while		CE OF INJURY (Homory, street, affice bld		ity or tawn)	(Caun	ty)	(State)
ef Mec R: Pog				hat I taok charge d fram: Natural						Inspection X		XI, and	d find that
tificate, writing the to the Chief Media)		ACTUAL SIGNATURE	lauson	J. Ter	or gl		_M.D. CHIEF MEDI	ICAL EXAMINER [DATE	SIGNED
cute cer farworded i	Carl.		EXAMINER'S NAME (Type)	Dawson O		-		DEPUTY ME	MEDICAL EXAMINER	A			
forw for re		220	BURIAL CREMATI	7-11-6)F]	22c. NAME OF CEMETE Green	_			ensbord	, Mar	ylan	ate) 3.
/S. A15ME(5) 5M 9/55	80	23	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS Greensbo	ro		ATE TALL 1 0		ISTRAR'S SIGN		

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1. PLACE OF DEATH

DIVISIO	MAKTLAND STATE DEPARTMENT OF HEALTH on of STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
765	CERTIFICATE OF DEATH	0775
	2. USUAL RESIDENCE (Where deceased lived. If institution:	Residence before admission)

o. COUNTY Car	oline		MARYLAND	0 0	o. STATE	Mar	yland	b. COUNT	Car	olin	ne e	
b. CITY OR TOWN (II RURAL and give no Federal		its, write	c. LENGTH OF STAY IN 11	b X		_ `_	outside corpo	prote limits, write	RURAL ond	give ne	arest town	1)
OR INSTITUTION	AL (If not in hospital, gernon Aven		oddress)		d. STREET AD		rnon	Avenue		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Willa	rst	Virginia Middle	Jef	ferson		4. DATE OF DEATH	July		D _c		Year 19 61
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DA	TE OF BIRTH			9. AGE (In years last birthday)	IF UNDE Months	R 1 YEAR	Hours	ER 24 HRS. Min.
Female	White	WIDOW			ovember		1877	83 yrs				
10o. USUAL OCCUPATION during most of work Housevior	ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY		CE (Stote		$^{ m M}$ aryland		S.A		COUNTRY?
13. FATHER'S NAME				14	. MOTHER'S	MAIDEN N	NAME				DATE:	
Willis	m H. Albur	ger			Harr	riett	Nobl	.0				
15. WAS DECEASED EVE	R IN U. S. ARMED FOI			7. INFOR		CTC			dress	10	PIT.	
No No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		None 1	Miss	Rebec	ca H.	Jeff	erson, F	edera	lsbu	urg,	Md.
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]	n.	1 110						ERVAL BE	
PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LEELE OTNOY July 8 471-											
Canditions, if a gave rise to it cause (a), stating lying cause last.	mmediate (, 7	the Hey	ser ser	tens	eri sir	vele	2-7-6	60	Je	ly.	2019
ZOG. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	Removal Based Contributions contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was AUTOPSY PERFORMED? YES \(\text{VONDING VULVA . 9-9-5.8} \) YES \(\text{NOTING VULVA . 9-9-5.8} \)											
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (Er	nter nature of	injury in	Port 1 or Po	rt II of item 1B.)				
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye	While of wor	Not while		OF INJURY (H street, office			y ar town)		(County))	(State)
21. I certify tho	it (1) (this haspita	l) attend	ded the deceased fra	m. 1-5	127	12	, .ta_	July 2	10, 19	6/, 11	hat (1) (we) last
saw the deceas	sed alive an	les	20 1961, and tha	at death	h accurred	at1:4	5 Pirton	the couses a	nd an tl	he date	e stated	above.
22a. SIGNATURE							ED.	STAFF PHYS.		Jul		SIGNE
22c. PHYSICIAN'S NAME (Type)	W. E. Le	nnon	M.D.		22d. ADDRES		burg,	Marylan	ıd			
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	July 22,		23c. NAME OF CEMETER				Fede:	ralsburg	or county Mar	ylan	d (Stot	le)
24. FUNERAL DIRECTOR	s signature on and Son	Fed	eralsburg, Ma	ryla	nd		D BY REGIS	161	SISTRAR'S			

VR A15 (4) 15M 9/59

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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1. PLACE OF DEATH					here deceased	l lived. If instituti	an: Residence b	efare admissian)			
o. COUNTY	oline	MARYLAN	o. ST	Marvl	and	b. COUNTY	Caroli:	ne			
b. CITY OR TOWN (If autside a	arporate limits, write	c. LENGTH OF STAY IN	1b c. C1			rate limits, write R					
RURAL and give neorest tawr	3	61 Yrs.	V D.	ural Ri	Trenh						
d. NAME OF HOSPITAL (IF not		oddress)		REET ADDRESS	.ugery			e. IS RESIDEN	NCE		
OR INSTITUTION	None		1		None			ON A FAR	RM?		
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Man	th	Day Year			
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		RIED NEVER MARRIED		OF BIRTH		9. AGE (In years	***************************************	AR IF UNDER 24			
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10a. USUAL OCCUPATION (Give Harm Labor of	ind af wark dane 10b. gen if retired)	KIND OF BUSINESS OR IN	NDUSTRY 11.	Maryla Maryla		ountry)		OF WHAT COUN	NTRY?		
		0110	10								
3. FATHER'S NAME	es Johns			THER'S MAIDEN							
IVIOS					LUCILLI	15					
15. WAS DECEASED EVER IN U. S. (Yes, no. ocumhnown) (If yes, no. ocumhnown)			7. INFORMAN		D4	Addi		3			
(1 yes, no. or minorm) (1 yes, rewriter of dates of service) 213-24-1677 Rosetta Johns Ridgely, Mary:											
18. CAUSE OF DEATH [Ente	r anly ane cause per li	ne far (a), (b), and (c).]						TERVAL BETWE			
PART I. DEATH WAS O	0	NSET AND DEA	ATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO											
Canditions, if any, which											
gave rise to immediate	(0)	401,01,	tons y as	nsuffic	Terrea						
lying cause last.		Advan	ced G	enerali	zed A	rterios	lanodi	a			
	(c)								OPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)											
2		utritional				11 6 2 10 1		YES NO	<u>о П</u>		
PART II. OTHER SIGNI	YING 206. DES OF DEATH EXAMINER)	CRIBE HOW INJURY OCCU	JKKED. (Enter r	ature at injury in	Part I ar Part	II of ifem 18.)					
20c. TIME OF INJURY Manth Haur a. m.	Day, Year 20d. 1	NJURY OCCURRED 200	e. PLACE OF IN	JURY (Hame, far	m, 20f. (City	ar tawn)	(Caun	ty) ((Stote)		
Havr a.m.	19 While at war	Nat while	ractary, stree	t, affice bldg., et	(c.)						
21. I certify that (I) (th			.T3373	7 20 1	61	T1177 28	1067	1			
saw the deceased alive	e an oury	28 19 61, and the	at death ac	curred at 12	+ JW-tram	the causes an	d on the do	ate stated ab			
Churche H Standarde M.D. ATTENDING MED. STAFF PHYS.									GNED		
		X	22d	ADDRESS		-1/0 / 1		The same			
NAME (Type Charle	es H. Sto	nesifer, M.	D.	Greens	boro.	Md.					
23a. BURIAL, CREMATION, 23b. [DATE THEREOF	23c. NAME OF CEMETER				ION (City, tawn,	ar caunty)	(State)			
REMOVAL (Specify)								(31010)			
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RCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL OF DEATH H DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page b. COUNTY necessary your files. MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 director. write RURAL and give nearest town 13 e. IS RESIDENCE for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boar ON A FARM? retained State YES NO 3. NAME OF First Middle DATE Day Month DECEASED OF the (Type or print) DEATH after with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED UNDER 1 YEAR IF UNDER 5. SEX 9. AGE (In years | I last birthday) 1 and 2 wi Deys Months Hours and WIDOWED 2,10 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country 12. CITIZEN OF WHAT COUNTRY? thin 24 hours after Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) pages LIG 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File "in pencil in Item 18. Giv Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17., INFORMANT (Yes, no, or unkown) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** certificate should remova Conditions, if any, which (b) geve rise to immediate cause "pending" 10 DUE TO (a), steting the underlying Examiner cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED the word NO plnods DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH. the Chief A R: Page 3 sl rior to buria 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (State) factory, street, office bldg., etc.) While Not While et work et work prior certificate, OR: 21. I certify that I took charge of the remains described above, hald an Autopsy Inspection Inquiry and in my opinion 0 secute the carried to suid be forwarded to MEDICAL Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL designated DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 22b. DATE THEREOF OF CEMETERY OR CREMATORY 22d. LOCATION (City, towh, or country) (Stefe) REMOVAL (Specify) Q40 Ö 24e. REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE SUNERAL DIRECTOR DATEUL 25'61 arthur S. Thank VS. A15ME 5M 7/59

STATE DEPARTMENT OF HEALTH

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Da 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Page,	* COUNTY CAROLINE MARYLAND * MITTRY LAND 6. COUNTY CAROLINE
M Head	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
lay is necessar all director. Page for your files. Board of Heali	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	YES NO THE
h. It the vuner to the retained h the State fier death.	3. NAME OF DECEASED (Typa or print) JOHN CHARLES STEVENSON DEATH JULY 17 196!
tie co	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED
5000E	10e. USUAL OCCUPATION (Give kind of work done dring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
vithin 24 hours at 8. Give Pages 1, 7 and Pages 1, 1. Elle pages 1 and Pages 1	13. FATHER'S NAME
n 24 hour Pages Pages pages at within	CHARLES STEVENSON BERTHA WEAVER
>====	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive wer or detes of service)
executed wi	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)
and an expense	PART I. DEATH WAS CAUSED BY: MUST, PSe Head a Chest my wies minediate
should be ey g" in pencil 's Office alo a burial-trar emoval, and	816 X DUE TO COS S
N O N N O	Gonditions, if eny, which gave risa to immediate cause DUE TO
ertificate shall "pending" Examiner's sused as a	cause last. (c)
T: X 3.0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES \(\text{YES} \) YES \(\text{YES} \) YES
MATINER: This ce writing the word so Chief Medical E Ages 3 should be to burial, cremat	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO ON THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) YES NO Y
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EXAMINER: ate, writing the the Chief Me R: Page 3 shrior to burial,	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRA 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) While Not While at work at work at work
	21. I certify that I took charge of the remains described above, held an Auropsy . Inspection . Inquiry and in my opinion
	death resulted from: Natural causes, Accident _X, Suicide, Homicide, Undetermined manner
MEDICAL te the certific forwarded t L DIRECTO	CHIEF MEDICAL EXAMINER
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TY executed be read lesign	NAME (Type) Days of County De Address (Street, city, town, or county) Days of the
Shou shou	222 BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Sint)
0 g 4 0 g	23. FURENI DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	Want (1857 et Jord Ventor 04th 25'61 archur 8. thank

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CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Careline Caroline ij ofter death. the funeral should be fil b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Federalsburg 60 yrs rural 8.0me d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7 F nene YES NO pup 3. NAME OF First Middle 4. DATE Last Manth Day Year DECEASED fille M. Towers July 8. Anne (Type ar print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years B. DATE OF BIRTH last birthday) Manths Days 62 rbon papers. er death. WIDOWED | DIVORCED | white July 21. 1898 I em . 10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Talbet Co. Md. housewife pup none U.S.A. ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 0 requires that the deoth certificate Wm. L. Caulk ng physicing remave of 72 hours Elizabeth Caulk 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Federalsburg, Md. no Jeseph Towers attendin within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO erio salurhe Canditians, if any, which gned gave rise to immediate per **DUE TO** cause (a), stating the underphysicion. burial-transit lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY remayal. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) a. m While Nat while at work at work p. m After __ 18/2/that I last saw the deceased 21. I certify that I attended the deceased from that death accurred a Lib IIM, from the causes and on the date stated above. OR: ė ined by ACTUAL prior O 3 shoul etai PHYSICIAN'S FUNERAL NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Hillerest Cem. **1961** Federalsburg, Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE aritury & Thous VS A15 (4) Federalsburg, Md PATE 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7773 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 3764

o. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline			
b. CITY OR TOWN (If owhide corporate limits, and give acquest town) Marydel	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marydel			
d. NAME OF HOSPITAL OR INSTITUTION None	N (If not in hospital, give street address)	d. STREET ADDRESS On A FARM? YES \(\sum no \(\text{NO} \)			
3. NAME OF DECEASED (Type or print) Leroy	First Middle Richard	Ubleman 4. DATE Month Doy Year OF JULY 7 19 61			
Male Cau.		April 16, 1900 61 yrs. Months Days Hours Min.			
100. USUAL OCCUPATION (Give kind of we during most of working life, even if retire STOPE KEEPET	ork done 10b. KIND OF BUSINESS OR INDUST	Penna. 12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME No Record		14. MOTHER'S MAIDEN NAME No Record			
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, ecuphnown) (If yes, give war or date		Laura Ubleman Marydel, Md.			
Conditions, If any, which gove rise to immediate cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CO	(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO 10 10 10 10 10 10 10 10 10 10 10 10 10			
PART II. OTHER SIGNIFICANT CO		Enter nature of injury in Port I or Port II of item 18.)			
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) ory, street, office bldg., etc.)			
21. I certify that I took chordeath resulted from: Noture ACTUAL SIGNATURE DAWSON O EXAMINER'S DAWSON O	Dileorge	ove, held on Autopsy , Inspection , Inquiry , and find that icide , Homicide , Undetermined couse . M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER			
220. BURIAL CREMATION, 22b. DATE THE REMOVAL (Specify) Burial 7-10-	REOF 22c. NAME OF CEMETERY OR				
28) FUNERAL DIRECTOR'S SIGNATURE.	ADDRESS Greensboro	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			

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